ACORD

COMMERCIAL INSURANCE APPLICATION

DATE (MM/DD/YYYY)

			AP	PLI	CANT INFORM		JN	SECTIO	N					0	3/29/2024		
AG	ENCY					CAR	RIE	R							NAIC CODE		
Le	avitt Group Insurance Agency of V	/ernal, Inc.				MARKETING APPS									B0569		
20	5 North Vernal Avenue					COMPANY POLICY OR PROGRAM NAME							PR	OGRAM CODE			
Ve	rnal				UT 84078	POLICY NUMBER 24/25											
CO NA	NTACT Sidney Moho					UNDE	RWR	ITER				UNDERW					
PH (A/	DNE (435) 781-0000 C, No, Ext):																
FA) (A/	(2, No): (435) 781-0001											SSUE POLICY	LICY RENEW				
É-N AD	IAIL sidney-moho@leavitt.cor	n				STATU				BOUND	(Give Date a	nd/or Attac	h Copy):	_			
со		SUBCODE:						-		CHANG	E D/	ATE	TII	ME	AM		
AG	ENCY CUSTOMER ID: 00001256									CANCE	L 05/0	9/2024	12	:01	PM		
LI	NES OF BUSINESS																
IND	ICATE LINES OF BUSINESS	PREMIUM						PREMIUM							PREMIUM		
	BOILER & MACHINERY	\$		СҮВ	ER AND PRIVACY			\$			YACHT				\$		
X	BUSINESS AUTO	\$		FIDU	JCIARY LIABILITY			\$							\$		
	BUSINESS OWNERS	\$		GAR	AGE AND DEALERS			\$							\$		
X	COMMERCIAL GENERAL LIABILITY	\$		LIQU	JOR LIABILITY			\$							\$		
	COMMERCIAL INLAND MARINE	\$		мот	OR CARRIER			\$							\$		
X	COMMERCIAL PROPERTY	\$		TRU	CKERS			\$							\$		
	CRIME	\$	×	UMB	BRELLA			\$							\$		
AT	TACHMENTS										_						
	ACCOUNTS RECEIVABLE / VALUABLE	PAPERS		GLA	SS AND SIGN SECTION						STATEMEN	T / SCHE	DULE OF VALU	ES			
	ADDITIONAL INTEREST SCHEDULE			нот	EL / MOTEL SUPPLEME	NT					STATE SUP	PLEMEN	Г (If applicable)				
	ADDITIONAL PREMISES INFORMATIC	N SCHEDULE		INST	ALLATION / BUILDERS	RISK SE	CTIC	N			VACANT BL	JILDING S	UPPLEMENT				
	APARTMENT BUILDING SUPPLEMENT INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT VEHICLE SCHEDULE																
	CONDO ASSN BYLAWS (for D&O Cove	rage only)		INTE	RNATIONAL PROPERT	Y EXPO	SURE	SUPPLEMEN	١T								
	CONTRACTORS SUPPLEMENT			LOS	S SUMMARY												
	COVERAGES SCHEDULE			OPE	N CARGO SECTION												
	DEALERS SECTION			PRE	MIUM PAYMENT SUPPL	EMENT											
	DRIVER INFORMATION SCHEDULE			PRO	FESSIONAL LIABILITY S	SUPPLE	MEN	т									
	ELECTRONIC DATA PROCESSING SE	CTION		RES	TAURANT / TAVERN SU	PPLEME	INT										
PC																	
PR	DPOSED EFF DATE PROPOSED EXP	DATE BILLING	PLAN		PAYMENT PLAN	ME	тно	D OF PAYMEN	п	AUDIT	DEPOS	SIT	MINIMUM		POLICY PREMIUM		
	05/09/2024 05/09/2023	;	٦.								\$		\$		\$ 0.00		
			A	GENCY	(
-	PLICANT INFORMATION										T						
	ME (First Named Insured) AND MAILING	ADDRESS (including ZIP	+4)			GL CO	DE		SIC			NAICS			N OR SOC SEC #		
	dgeway Trucking, LLC								070)	000.00	CE A dam	213112		830	0332277		
28	58 S Poplar								970).	222-06	65 xAdam						
Ca	sper			١	WY 82601	WEBS		DDRESS									
<u> </u>	CORPORATION JOINT VE	NTURE . OF MEMBERS D MANAGERS:	-		NOT FOR PROFIT ORG			SUBCHAPTER TRUST	"S" C	ORPOR	ATION						
	-		D_1 41			GL CO		1001	SIC			NAICS		ECIN	N OR SOC SEC #		
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)							DE		310			NAICS		FEII	VOR SOC SEC #		
			BUSIN	ESS	PHONE #:												
								DDRESS									
	CORPORATION JOINT VE	OF MEMBERS	-		NOT FOR PROFIT ORG		_	SUBCHAPTER	"S" C	ORPOR	ATION						
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)							DE	RUST	SIC			NAICS		FEI	N OR SOC SEC #		
								PHONF #·									
						BUSINESS PHONE #: WEBSITE ADDRESS											
						WFRS		DDRESS									
						WEBS	ITE A	DDRESS									
	CORPORATION JOINT VE	NTURE			NOT FOR PROFIT ORG	WEBS			"S" C	ORPOR	ATION						
		OF MEMBERS			NOT FOR PROFIT ORG PARTNERSHIP	WEBS		DDRESS SUBCHAPTER	"S" C	ORPOR/	ATION						
							1	SUBCHAPTER				CORP	ORATION.	All ri	ghts reserved.		

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	ACT INFORMATION							GENC								
CONTAC	TTYPE: Claims Info						CONTACT TYPE: Inspection									
CONTAC	T NAME: Adam Stude							TACT NA	AME: AC	dam S	Studer					
PRIMAR PHONE	Y HOME BU:	G 🗌 CELL	SECONDAR PHONE # (970) 222-	^Ү	s⊳		Prim Phoi	ARY NE #	П ном	/IE 🗌	BUS		SECONDARY PHONE # HOME (970) 222-0665	E 🗌 BUS 🔀 CELL		
	Y E-MAIL ADDRESS:	astuder1977@	gmail.com				PRIMARY E-MAIL ADDRESS: astuder1977@gmail.com									
												0				
	ISES INFORMATION	(Attach AC	180 823 f	or Additional Pre	mie	es)	SECONDARY E-MAIL ADDRESS:									
LOC #	STREET 1887 N LOO		JND 025 I			Y LIMITS	S INTEREST # FULL TIME EMPL ANNUAL REVENUES: \$									
1		p7110				INSIDE	×		:p	"	022 11	H	OCCUPIED AREA:	SQ FT		
BLD #	CITY: Casper			STATE: WY		OUTSIDE	\vdash	TENAN		# 0			OPEN TO PUBLIC AREA:	SQ FT		
1	COUNTY:			zip:82601	-			I LINAI		# 6		H	TOTAL BUILDING AREA:	SQ FT		
1				ZIF: 02001												
	PTION OF OPERATIONS:	lor			017			EREST					ANY AREA LEASED TO OTH	IERS? T/N		
LOC #										# F		H	ANNUAL REVENUES: \$	00 FT		
									R				OCCUPIED AREA:	SQ FT		
BLD #	BLD# CITY: Casper STATE: WY OUTSIL								NТ	# P.	ART TI	H	OPEN TO PUBLIC AREA:	SQ FT		
	COUNTY:			ZIP: 82601									TOTAL BUILDING AREA:	SQ FT		
DESCRI	PTION OF OPERATIONS:												ANY AREA LEASED TO OTH	IERS? Y / N		
LOC #	STREET				СІТ	Y LIMITS	INT	EREST		# F	ULL TI		ANNUAL REVENUES: \$			
						INSIDE		OWNE	R				OCCUPIED AREA:	SQ FT		
BLD #	CITY:		OUTSIDE		TENAN	TΛ	# P.	ART TI		OPEN TO PUBLIC AREA:	SQ FT					
	COUNTY:									TOTAL BUILDING AREA:	SQ FT					
DESCRI	PTION OF OPERATIONS:								ANY AREA LEASED TO OTH	IERS? Y / N						
LOC #	STREET				СІТ	Y LIMITS	INT	EREST		# F	ULL TI	ME EMPL	ANNUAL REVENUES: \$			
			INSIDE		OWNE	R				OCCUPIED AREA:	SQ FT					
BLD # CITY: STATE: OUTS								TENAN	NT	# P.	ART TI	ME EMPL	OPEN TO PUBLIC AREA:	SQ FT		
COUNTY: ZIP:												F	TOTAL BUILDING AREA:	SQ FT		
DESCRIPTION OF OPERATIONS:										1			ANY AREA LEASED TO OTH	IERS? Y / N		
NATURE OF BUSINESS																
APARTMENTS CONTRACTOR MANUFACTURING RESTAU							т		SERVICE				DATE	BUSINESS TED (MM/DD/YYYY)		
Со		NSTITUTIONAL	OF	FICE	-	RETAIL			WHOLESA	LE	<u> </u>			01/01/2000		
	TION OF PRIMARY OPER							-11-					L. L			
Oilfield transport company- hauling tools used in extraction										OR REPAIR WORK						
RETAIL	STORES OR SERVICE OPE	RATIONS % OF T	OTAL SALES	3:			%						%			
	PTION OF OPERATIONS OF			I												
				Il scenarios - pro	vide	only the	nec	essar	v data) 4	Attac	h AC	ORD 45 fc	r more Additional Int	erests		
	IONAL INTEREST (N	IOT ALL TIELING			1.00			RTIFICAT		POLIC						
	IONAL INTEREST (N			SS RANK	EVIDE								INTEREST IN I	TEM NUMBER		
		NAME	AND ADDRES	SS RANK:	EVIDE						•		LOCATION:	TEM NUMBER BUILDING:		
INTERES AD INS BR	GT DITIONAL URED EACH OF			SS RANK:	EVIDE						•		-	BUILDING:		
INTERES AD INS BR WA	ST DITIONAL URED EACH OF RRANTY	NAME A		SS RANK:	EVIDE						<u> </u>		LOCATION: VEHICLE:	BUILDING: BOAT:		
INTERES AD INS BR WA CO EM	ST DITIONAL URED EACH OF RRANTY -OWNER MORTG PLOYEE OWNER	AYEE		SS RANK:	EVIDE						•		LOCATION: VEHICLE: AIRPORT: ITEM	BUILDING: BOAT: AIRCRAFT:		
INTERES AD INS BR WA CO EM AS LE/	ST DITIONAL URED EACH OF RANTY -OWNER LOSS P MORTG PLOYEE LESSOR SEBACK DECISION	AYEE		3S RANK:	EVIDE	:NCE:				<u> </u>	<u>.</u>	J	LOCATION: VEHICLE: AIRPORT: ITEM CLASS:	BUILDING: BOAT:		
INTERES AD INS BR WA CO EM AS LE ¹ OW LEN	ST DITIONAL URED LIENHC EACH OF RRANTY LOSS P -OWNER MORTG PLOYEE LESSOR OWNEF ASEBACK REGIST INER TRIISTI	AYEE RANT	AND ADDRES	L	EVIDE		1				·		LOCATION: VEHICLE: AIRPORT: ITEM	BUILDING: BOAT: AIRCRAFT:		
INTERES AD INS BR WA CO EM AS LEI OW LEN	ST DITIONAL URED LIENHC EACH OF RRANTY LOSS P -OWNER MORTG PLOYEE LESSOR OWNEF ASEBACK REGIST	AYEE AAGEE CARACTERISTICS AND CA		L	EVIDE	INT	ERES	T END D	DATE:		•		LOCATION: VEHICLE: AIRPORT: ITEM CLASS:	BUILDING: BOAT: AIRCRAFT:		

|--|

EXPLAIN ALL "YES" RESPONSES Y/										Y/N			
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY ?													
	PARENT COMPA	NYNAME					RELATIONSHIP D	ESCRIPTION	% OWNED				
1b.	1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES? N												
	SUBSIDIARY CO	MPANY NAME					RELATIONSHIP D	ESCRIPTION	% OWNED				
2.	IS A FORMAL SA	AFETY PROGRAM	M IN OPERATION?				•		•		Y		
	SAFETY MA	NUAL S	SAFETY POSITION	MONTHLY MEETINGS	OSHA								
3.	ANY EXPOSUR	E TO FLAMMABL	ES, EXPLOSIVES, CHEM	ICALS?	1 J						Ν		
4.	4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)												
	LINE OF BUSINE	ss	POLICY NUMBER		LINE OF BUSIN	ESS		POLICY NUMBER					
5.	5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR N OPERATIONS? (Missouri Applicants - Do not answer this guestion)												
		·	ants - Do not answer this GENT NO LONGER REPRESE										
	NON-PATIMI			CONDITION CORRECTED (
6.			RELATING TO SEXUAL A								N		
0.	ANT PAST LOSS	SES OR CLAINS	RELATING TO SEAUALA	BUSE OR MOLESTATION	ALLEGATIONS	, DIS	CRIMINATION O						
7.	7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD,												
1.	BRIBERY, ARSON OR ANY OTHER ARSON RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?												
	(In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable												
	by a sentence of up to one year of imprisonment).												
8.											N		
0.			OR SAFETY CODE VIOLA	ATIONS?						1	IN		
	OCCUR DATE	EXPLANATION				RE	SOLUTION		RESOLVE DATE				
9.											N		
9.			OSURE, REPOSSESSIO	N, BANKRUPTCY OR FIL	ED FOR BANKR			LAST FIVE (5) YEARS?		1	IN		
	OCCUR DATE	EXPLANATION				RE	SOLUTION		RESOLVE DATE				
						_							
10					<u>6</u> 2						 		
^{10.}		EXPLANATION	IENT OR LIEN DURING T	THE LAST FIVE (5) YEAR	0:	0.0	SOLUTION		RESOLVE DATE				
	OCCOR DATE	EXPLANATION							RESOLVE DATE				
						_							
11				DUICT.							N		
		BEEN PLACED I						IN FOREIGN COUNTRIES?			N		
12.		,	iability Exposure and/or AC	,		OLD	/ DISTRIBUTED				IN		
13.	DOES APPLICA	NT HAVE OTHER	BUSINESS VENTURES F	FOR WHICH COVERAGE	IS NOT REQUE	STE	D?						
14. DOES APPLICANT OWN / LEASE / OPERATE ANY DRONES? (If "YES", describe use)													
15. DOES APPLICANT HIRE OTHERS TO OPERATE DRONES? (If "YES", describe use)													
REI	MARKS / PRO	CESSING INST	RUCTIONS (ACORD 1	01, Additional Rema	rks Schedule,	may	be attached if	f more space is required)					
			•										
1													

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				

PRIOR CARRIER INFORMATION (continued)

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
	CARRIER				
	POLICY NUMBER				
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE				
	EXPIRATION DATE				
1055	HISTORY	Check if none (Attack	Loss Summary for Additional L	oss Information)	

ENTER ALL CLAIMS	OR LOSSES (RE								
FOR THE LAST	YEARS	TOTAL LOSSES: \$							
DATE OF OCCURRENCE	LINE	TYPE / DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	SUBRO- GATION Y/N	CLAIM OPEN Y/N		
		·							

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials):

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) vears

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

ACORD	®							W				COM	MERO				000	101	200					DA			
										COV	EK/	AGES / LI	-												03/29	9/2024	
AGENCY		1		.f \/e										INSURED(S)													
Leavitt Group Insura	ance	Ager	icy o	DI VE	ema	a, inc.						FECTIVE DATE	-	vay Trucking,	LLC										—		205
POLICY NUMBER 24/25)5/09/2024															
	050	TIO										5/09/2024	WIAINN	RKETING APPS B0569													
BUSINESS AUTO COVERAGES		/EREI									LIMITS			COVERA	050		001/5			~ ~ ~	VMD	21.0			LIMIT		
COVERAGES	\mathbf{X}		DAU	4		9		CSL		BI EA PEI		1 000 000		COVERA	AGES		COVE	REL	DAUT	05	TWIBU	51.5				5	
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		2		6	-		×	CSL		BI EA PEI	R\$	1,000,000					2			4		8	<u> </u>				
UNINSURED		3	×	7				ACH AC			\$			COLLISION			3		X	7							
MOTORIST		4																_			1				-		
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UNDERINSURED MOTORIST		3	×	7				ACH AC	CIDE		\$																
MOTORIST		4																									
HIRED / BORROWED	×	YES		ST	TATE	S	cos	T OF H	IRE		\times	IF ANY BASIS			ST	ATES	#	DA	YS		# VEF	1	COVER	RAGE /	DEDU	CTIBLE	
LIABILITY		NO	WY	,			\$																	OMP	\$		
	\times	YES		ST	TATE	S	GRO	UP TYF	۶E			NUMBE	R OF	HIRED									S	PEC OF L	\$		
NON-OWNED		NO	WY	,			\times	EMPLO	OYEE	3				PHYSICAL DAMAGE									С	OLL	\$		
LIABILITY								VOLUN	NTEEF	RS																	
								PARTN									VERA	GE	IS:				PRIMARY			ECOND	
COVERED (1) ANY AUTO (2) OWN			ONLY	Y								TOS OTHER TH, TOS SUBJECT T			AUTOS	S ONLY	,						DIFICALLY		RIBED	AUTOS	;
SYMBOLS (3) OWN	NED PF	RIVAT	E PAS	SSEI					(6) OWNE	D AU	TOS SUBJECT T	O A COMP	ULSORY UNINS									-OWNED		ONLY		
ENDORSEMENTS	S/RE	MA	RKS	6 (A	CO	RD 1	01, A	dditio	onal	Rema	arks \$	Schedule, n	nay be a	ttached if m	nore s	space	e is r	eq	uire	d)							
Blanket Additional I	nsure	d; Bl	anke	et W	/aive	er of S	Subro	gation	I																		
SIGNATURE																											
I ACKNOWLEDGE I													STS COV	ERAGE UP T	O THE	LIMI	T(S) (OF	MY B	SOD	ILY I	NJU	RY LIAE	SILITY			
COVERAGE. I HAV	E SEL		ועם	ΠE		1131		יו טם ו	N IHI	S APP		IUN.															

I UNDERSTAND THAT THE AUTOMOBILE INSURANCE THAT I AM BUYING INCLUDES AN AMENDMENT WHICH STATES THAT IF I HAVE A LOSS TO A VEHICLE AND AM PAID FOR THAT LOSS BUT DON'T ACTUALLY REPAIR THE VEHICLE, ANY SUBSEQUENT LOSSES WILL BE PAID WITH THE COST OF THE DAMAGE ASSOCIATED WITH PRIOR LOSSES BEING DEDUCTED.	
I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.	

DATE

AND CHANGES UNLESS	STNOTIFT	100 01112	
APPLICANT'S SIGNATURE			

APPLICANT 5 SIGNATORE	

PRODUCER'S SIGNATURE

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NATIONAL PRODUCER NUMBER

ACORD 137 WY (2015/12)

Page 1 of 3 Attach to ACORD 127 and/or 132

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ICKERS SECT

AGENCY CUSTOMER ID: 00001256

TRUCKERS SECT						1														
COVERAGES	со	VERE	D A L	TO S	YMBOLS	L		LIMIT	S							SICAL	DAMAG	E		
		41		46		c	SL	BI EAPER \$			COVERA	GES	A	COVE UTO SY	RED MBOL	s		LIMITS		DEDUCTIBLE
LIABILITY		42		47		BLEAC	H ACCIDE							42		47				
		ł		1							COMP / OTC									¢
		43		50		PROPE	RTY DAM	AGE \$						43						\$
														46					1 1	
														42		47	SCL	FT	LSP	
											SPECIFIED CAUSES OF	LOSS		43			F	FT	N	\$
														46		΄ Γ				
		42		46										42		47				
MEDICAL PAYMENTS		ł		1		EACH	PERSON	\$			COLLISION									
		43						BI						43						\$
		42		46		L C	SL	BI EAPER \$						46						
UNINSURED MOTORIST		43				BI EAC	H ACCIDE	NT \$			TOWING			46			5			
		45									& LABOR						Þ			
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TIRED / BORROWED		NO				\$					SPECIFIED			48						
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(41) ANY AUTO					(45			UBJECT TO A			AUTOS ONLY								R UNDER A	TRAILER
(42) OWNED AUTOS ON (43) OWNED COMMERC		UTOS		Y			IST LAW	NINSURED			ERS IN YOUR				< Contract of the second s			ANGE AGI NED AUTO		
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														62		67				
											COLLISION			63		68				\$
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MEDICAL		62		64				•			TOWING			63			¢			
PAYMENTS		63		67	EACF	I PERSON		\$			& LABOR			67			\$			
		62		66		CSL	BI EA PE	R\$									TERCHA			
UNINSURED MOTORIST		63		67	BIEA	CH ACCIDE	NT	\$			COVERA	GES	SY	MBOL	# TR	AILERS	S FARTH	# DAYS	RADIUS	DEDUCTIBLE
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MOTORIST		63		67	BIEA	CH ACCIDE	NT	\$			SPECIFIED	1.000		69						
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TRUCKERS		YES	;	STATES	\$						TRAILER VAI	UE	\$	70						
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OTHER									!		1		CO	VERAG	E IS:			PRIMARY		SECONDARY
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(63) OWNED PRIVATE P						UNINSURE					AILER INTERCH				<u> </u>	. ,	NON-OW	NED AUTO	S ONLY	
ENDORSEMENTS	/ RI		RK	S (ACORD 1	01, A	dditional	Rema	arks	schedule	e, may be a	tached if n	nore s	pace	e is re	quire	ed)				
SIGNATURE																				
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APPLICANT'S SIGNATU			~ " "				DATE			PRODUCER'S	SIGNATURE							NATIO	NAL PROD	
ACORD 137 WY (2	2015	/12)							P	age 3 of 3										

ACORD

DATE (MM/DD/YYYY)

BUSINESS AUTO SECTION

ВОЗ	INESS AU	TO SECTION	03/	29/2024	
AGENCY		CARRIER		NAIC CODE	
Leavitt Group Insurance Agency of Vernal, Inc.		MARKETING APPS		B0569	
POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)		-	
24/25	05/09/2024	Ridgeway Trucking, LLC			

COVERAGES / LIMITS

USE ACORD 137 FOR YOUR STATE TO PROVIDE COVERAGES / LIMITS INFORMATION

ACORD 163 attached for additional drivers DRIVER INFORMATION LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS. DRIVER # NAME CITY, STATE AND ZIP CODE DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER SEX STAT YRS YEAR EXP LIC STATE LIC DATE USE VEH # USE DATE OF BIRTH HIRE Steve Phillips 104891-353 09/05/1973 WY 1 Adam Studer 105455562 2 03/01/1977 WY Ridgeway 103401071 Larry 3 08/23/1951 WY Ridgeway 106122013 Nick 4 12/16/1978 WY Mark Davis 105808-794 5 WY 04/01/1978 Carl Shumaker 106168313 WY 18 07/05/1978 Bolke 100554112 Thomas 19 07/17/1954 WY 101563039 Goff Gregory WY 20 06/04/1957 107978017 Scott Collins 21 11/14/1957 WY 110553906 Alex Pearson 22 05/26/1998 WY Jimmy King 104678388 23 06/21/1971 WY * MARITAL STATUS / CIVIL UNION (if applicable)

WITH		, ARE ANY VEHICLES FOR WI	HICH INSU	IRANCE IS REQUESTED NOT SOLELY	OWNED BY AND		
			VEH #	NAME OF OTHER OWNER			N
DO OV	 /ER 50% OF THE EMPLOYEES USE THEIR A	UTOS IN THE BUSINESS? (n	o explanat	ion needed)			N
IS THE	RE A VEHICLE MAINTENANCE PROGRAM II	N OPERATION?					Y
ARE A	NY VEHICLES LEASED TO OTHERS?						N
ANY C	AR MODIFIED / SPECIAL EQUIPMENT? (Inclu	ude customized vans / pickups)					
VEH #	DESCRIPTION	COST \$	VEH #	DESCRIPTION	COST \$		N
ARE IC	CC (Interstate Commerce Commission), PUC (F	Public Utility Commission) OR C	THER FIL	INGS REQUIRED? (If "YE	S", attach ACORD 194) (no explanation nee	ded)	Y
DO OF	PERATIONS INVOLVE TRANSPORTING HAZA	ARDOUS MATERIAL?					N
	REGIS VEH # DO OV IS THE ARE A ANY C VEH #	REGISTERED TO THE APPLICANT? VEH # NAME OF OTHER OWNER DO OVER 50% OF THE EMPLOYEES USE THEIR A IS THERE A VEHICLE MAINTENANCE PROGRAM II ARE ANY VEHICLES LEASED TO OTHERS? ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Incl. VEH # DESCRIPTION ARE ICC (Interstate Commerce Commission), PUC (F	REGISTERED TO THE APPLICANT? VEH # NAME OF OTHER OWNER DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? (not is there a vehicle maintenance program in operation? IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION? ARE ANY VEHICLES LEASED TO OTHERS? ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups) VEH # DESCRIPTION COST \$	REGISTERED TO THE APPLICANT? VEH # NAME OF OTHER OWNER VEH # DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? (no explanate IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION? ARE ANY VEHICLES LEASED TO OTHERS? ARE ANY VEHICLES LEASED TO OTHERS? ANY CAR MODIFIED / SPECIAL EQUIPMENT? (Include customized vans / pickups) VEH # VEH # DESCRIPTION COST VEH # ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FIL VEH # FIL	REGISTERED TO THE APPLICANT? VEH # NAME OF OTHER OWNER VEH # NAME OF OTHER OWNER DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? (no explanation needed) IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION? ARE ANY VEHICLES LEASED TO OTHERS? ARE ANY VEHICLES LEASED TO OTHERS? VEH # DESCRIPTION VEH # DESCRIPTION COST VEH # DESCRIPTION ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YE	VEH # NAME OF OTHER OWNER VEH # NAME OF OTHER OWNER DO OVER 50% OF THE EMPLOYEES USE THEIR AUTOS IN THE BUSINESS? (no explanation needed) IS IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION? ARE ANY VEHICLES LEASED TO OTHERS? ARE ANY VEHICLES LEASED TO OTHERS? VEH # VEH # DESCRIPTION COST \$ VEH # DESCRIPTION COST \$ ARE ICC (Interstate Commerce Commission), PUC (Public Utility Commission) OR OTHER FILINGS REQUIRED? (If "YES", attach ACORD 194) (no explanation needed)	REGISTERED TO THE APPLICANT? VEH # NAME OF OTHER OWNER VEH # NAME OF OTHER OWNER Colspan="4">Colspan="4"Co

GENERAL INFORMATION

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES 8. ANY HOLD HARMLESS AGREEM							
8. ANY HOLD HARMLESS AGREEM							Y/N
	ENTS?						N
							IN
9. ANY VEHICLES USED BY FAMILY	MEMBERS2 IE SO IDENTIEV						
9. ANT VEHICLES USED BT FAMILE	MEMBERS? IF 30, IDENTIFT.						N
10. DOES THE APPLICANT OBTAIN N	IVR (Motor Vehicle Record) VERIFICA	TIONS?					Y
							I
11. DOES THE APPLICANT HAVE A S	PECIFIC DRIVER RECRUITING MET						
							Y
12. ARE ANY DRIVERS NOT COVERE	ED BY WORKERS COMPENSATION?	•					Y
13. ANY VEHICLES OWNED BUT NO	T SCHEDULED ON THIS APPLICATION	DN?					
							N
14. ANY DRIVERS WITH CONVICTIO							N
	ER KANSAS LAW, THE FOLLOWING TRAI 6) miles per hour (mph) that occurs in an a						
	10) miles per hour (mph) that occurs in an						
DRV # DATE (MM/DD/YYYY) TYPE			PLACE (CITY, STATE)		# YRS REV	
15. HAS AGENT INSPECTED VEHICL	ES?					11	
							N
16. ARE ALL VEHICLES TO BE INCLU	IDED IN THIS POLICY PART OF A FL	EET?					
17. DO YOU HAVE ELECTRONIC MO	NITORING DEVICES THAT RECORD						
					at analy.		
	rour overall fleet are monitored (1 - 100%)	%		utilize the devices (check all the devices is a second secon			
MONITOR DRIVER SAFETY	TRACK FUEL CONSUMPTION	MONITOR VEHI	ICLE MAINTENANCE	MILEAGE TRACKI	NG LOCATION	ITRACKING	
NAVIGATION	C	Describe:					
DESCRIPTION OF GARAGE / STORAGE LO	CATIONS				MAXIMUM DOLLAR V	ALUE SUBJECT TO	DLOSS
					\$		
ADDITIONAL INTEREST / CERTI		ACORD 45 at	tached for addit	ional names			
INTEREST	NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE				
					INTEREST		
	Hillton National Bank		OLIVINIOALE		1		
ADDITIONAL INSURED EMPLOYEE	Hilltop National Bank				INTEREST	LOCATION:	
AS LESSOR OWNER	300 Country Club Road				1		
EMPLOYEE OWNER AS LESSOR OWNER LENDER'S LOSS REGISTRANT PAYABLE REGISTRANT	300 Country Club Road PO Box 2680				1		
AS LESSOR LENDER'S LOSS	300 Country Club Road			82502	1		
EMPLOYEE OWNER AS LESSOR OWNER LENDER'S LOSS REGISTRANT PAYABLE REGISTRANT	300 Country Club Road PO Box 2680			82502	1		
EMPLOYEE OWNER AS LESSOR OWNER LENDER'S LOSS REGISTRANT PAYABLE REGISTRANT	300 Country Club Road PO Box 2680			82502	1		
EMPLOYEE OWNER AS LESSOR OWNER LENDER'S LOSS REGISTRANT PAYABLE REGISTRANT	300 Country Club Road PO Box 2680 Casper REFERENCE / LOAN #:	EVIDENCE:	WY	82502	VEHICLE: 1	LOCATION:	
AS LESSOR LENDER'S LOSS PAYABLE LIENHOLDER	300 Country Club Road PO Box 2680 Casper REFERENCE / LOAN #: NAME AND ADDRESS RANK:	EVIDENCE:		82502	VEHICLE: 1	LOCATION:	
INTEREST ADDITIONAL INSURED ADDITIONAL INSURED ADDITIONAL INSURED ADDITIONAL INSURED ADDITIONAL INSURED	300 Country Club Road PO Box 2680 Casper REFERENCE / LOAN #: NAME AND ADDRESS RANK: Hilltop National Bank	EVIDENCE:	WY	82502	VEHICLE: 1	LOCATION:	
INTEREST ADDITIONAL INSURED ADDITIONAL INSURED ADDITIONAL INSURED ADDITIONAL INSURED ADDITIONAL INSURED OWNER OWNER	300 Country Club Road PO Box 2680 Casper REFERENCE / LOAN #: NAME AND ADDRESS RANK: Hilltop National Bank 300 Country Club Road	EVIDENCE:	WY	82502	VEHICLE: 1	LOCATION:	
INTEREST ADDITIONAL INSURED ADDITIONAL INSURED ADDITIONAL INSURED ADDITIONAL INSURED ADDITIONAL INSURED ADDITIONAL INSURED ADDITIONAL INSURED COMPANIE AS LESSOR LESSOR BAYABLE OWNER REGISTRANT	300 Country Club Road PO Box 2680 Casper REFERENCE / LOAN #: NAME AND ADDRESS RANK: Hilltop National Bank 300 Country Club Road PO Box 2680	EVIDENCE:	WY CERTIFICATE		VEHICLE: 1	LOCATION:	
INTEREST ADDITIONAL INSURED EMPLOYEE ADDITIONAL INSURED EMPLOYEE AS LESSOR LENDER'S LOSS MOWNER LOSS PAYEE OWNER CONNER C	300 Country Club Road PO Box 2680 Casper REFERENCE / LOAN #: NAME AND ADDRESS RANK: Hilltop National Bank 300 Country Club Road	EVIDENCE:	WY CERTIFICATE	82502	VEHICLE: 1	LOCATION:	
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INTEREST ADDITIONAL INSURED EMPLOYEE ADDITIONAL INSURED EMPLOYEE AS LESSOR LENDER'S LOSS PATABLE LIENHOLDER USS PAYEE OWNER REGISTRANT LOSS PAYEE OWNER REGISTRANT	300 Country Club Road PO Box 2680 Casper REFERENCE / LOAN #: NAME AND ADDRESS RANK: Hilltop National Bank 300 Country Club Road PO Box 2680 Casper REFERENCE / LOAN #:		WY CERTIFICATE WY	82502	VEHICLE: 1	LOCATION:	
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INTEREST ADDITIONAL INSURED EMPLOYEE ADDITIONAL INSURED EMPLOYEE AS LESSOR LENDER'S LOSS PATABLE LIENHOLDER USS PAYEE OWNER REGISTRANT LOSS PAYEE OWNER REGISTRANT	300 Country Club Road PO Box 2680 Casper REFERENCE / LOAN #: NAME AND ADDRESS RANK: Hilltop National Bank 300 Country Club Road PO Box 2680 Casper REFERENCE / LOAN #:		WY CERTIFICATE WY	82502	VEHICLE: 1	LOCATION:	
INTEREST ADDITIONAL INSURED EMPLOYEE ADDITIONAL INSURED EMPLOYEE AS LESSOR LENDER'S LOSS PATABLE LIENHOLDER USS PAYEE OWNER REGISTRANT LOSS PAYEE OWNER REGISTRANT	300 Country Club Road PO Box 2680 Casper REFERENCE / LOAN #: NAME AND ADDRESS RANK: Hilltop National Bank 300 Country Club Road PO Box 2680 Casper REFERENCE / LOAN #:		WY CERTIFICATE WY	82502	VEHICLE: 1	LOCATION:	
INTEREST ADDITIONAL INSURED EMPLOYEE ADDITIONAL INSURED EMPLOYEE AS LESSOR LENDER'S LOSS PATABLE LIENHOLDER USS PAYEE OWNER REGISTRANT LOSS PAYEE OWNER REGISTRANT	300 Country Club Road PO Box 2680 Casper REFERENCE / LOAN #: NAME AND ADDRESS RANK: Hilltop National Bank 300 Country Club Road PO Box 2680 Casper REFERENCE / LOAN #:		WY CERTIFICATE WY	82502	VEHICLE: 1	LOCATION:	

VERIC	LE DES	SCRIP	TION		RD 129 attac	ched fo	or additio	onal	vehicles											
VEH #	YEAF	R MA	KE: Pe	eterbilt			BODY TYPE:	Truc	k-Tractor					VEH	IICLE TYP	ΡE		SYM / AGE	COMP / OTC SYM	COLL SYM
1	2007	7 мс	DEL: 37	9			V.I.N.:	1XP	5D49X97D6	32735			PP		SPEC	CON	ML			
GARAGI	NG STR	REET (R	equired in	n KY)		CITY	•					COUNTY					•	STATE	ZIP	
ADDRES	s 28	58 S P	oplar			Caspe	er											WY	82601	
LIC STATE	TE	RR		GVW/GCW	CLAS	s	SIC		FACTOR	SEAT CP	R	ADIUS		FAR	THEST TE	RMINAL			COST NEW	/
					5052	29						200						\$ 13		
USE		X	COMM'L	FOR HIRE	CHECK	A	ADD'L NO- FAULT	X	UNDRINS MOTOR	F		LSP	R	ENT EIMB	DEDU	ICTIBLES		ACV 🗙	COMP/ OTC	SPEC C OF L
PLE	EASURE		RETAIL		× LIAB		MED PAY		TOWING & LABOR	FT	×	COMP/ OTC	F			AA	ST		2,500	
FAF		:	SERVICE		NO- FAULT	X	JNINS MOTOR		SPEC C OF L	FTW	×	COLL			\$			\$	2,500	COLL
DRIVE T WORK /	O SCHOOL		< 15 MIL	ES 15 MIL		EH 1.0									тота	L PREM:	\$	I		
VEH #	YEAF	R MA	KE: FO	ontaine			BODY TYPE:	Trail	er					VEH	IICLE TYP	ΡE		SYM / AGE	COMP / OTC SYM	COLL SYM
2	2013	3 мо	DEL:				V.I.N.:	13N2	248204D156	2875			PP		SPEC	CON	ML			-
GARAGI	NG STR	REET (R	equired in	n KY)		CITY	•					COUNTY					•	STATE	ZIP	
ADDRES	s 28	58 S P	oplar			Caspe	ər											WY	82601	
LIC STATE	TE	RR		GVW/GCW	CLAS	s	SIC		FACTOR	SEAT CP	R	ADIUS		FAR	THEST TE	RMINAL			COST NEW	/
					6752	29						200						\$ 36		
USE		X	COMM'L	FOR HIRE	CHECK	A	ADD'L NO- AULT	X	UNDRINS MOTOR	F	•	LSP	R	ENT EIMB	DEDU	ICTIBLES		ACV 🗙	COMP/ OTC	SPEC C OF L
PLE	ASURE	1	RETAIL		× LIAB		MED PAY		TOWING & LABOR	FT	×	COMP/ OTC	F			АА	ST		2,000	
FAF	RM	;	SERVICE		NO- FAULT	X	JNINS MOTOR		SPEC C OF L	FTW	×	COLL			\$		-	\$	2,000	COLL
DRIVE TO	O SCHOOL		< 15 MIL	ES 15 MIL		EH									тота	L PREM:	\$			
VEH #	YEAF	R MA	KE: De	elta			BODY TYPE:	Trail	er					VEH	IICLE TYP	ΡE		SYM / AGE	COMP / OTC SYM	COLL SYM
3	2013	3 мо	DEL:					4MW	/GF3229DN)32184			PP		SPEC	CON	ML			-
												COUNTY		_						
GARAGI	NG STF	REET (R	equired in	n KY)		CITY						COUNTY						STATE	ZIP	
GARAGI ADDRES		REET (R 58 S P	•	n KY)		CITY Caspe	er					COUNTY						STATE WY	ZIP 82601	
	S 28	•	•	n KY) GVW / GCW	CLAS	Caspe	er SIC		FACTOR	SEAT CP		ADIUS		FAR	THEST TE	RMINAL		-		V
	S 28	58 S P	•		6752	Caspe ss 29			FACTOR	SEAT CP				FAR	THEST TE	RMINAL		-	82601	V
	S 28	58 S P	•		6752	Caspe ss 29		×		SEAT CP		ADIUS	RI	FAR1 ENT EIMB		RMINAL		WY	82601	
ADDRES	S 28	58 S P	Poplar	GVW/GCW		Caspe ss 29	SIC	×	UNDRINS MOTOR TOWING			adius 200	RI RI FC	ENT EIMB	DEDU		ST	WY \$	82601 COST NEW	SPEC C OF L
ADDRES			COMM'L	GVW/GCW	6752 CHECK COVERAGES LIAB NO- FAULT	Caspe ss 29	SIC ADD'L NO- AULT MED PAY	×	UNDRINS MOTOR	F		ADIUS 200 LSP COMP/	RI	ENT EIMB	DEDU	ICTIBLES	ST	WY \$ ACV	82601 COST NEW	
ADDRES			COMM'L RETAIL	GVW / GCW	6752 CHECK COVERAGES LIAB NO- FAULT	Caspe ss 29	SIC ADD'L NO- AULT	×	UNDRINS MOTOR TOWING & LABOR SPEC	F		ADIUS 200 LSP COMP/ OTC	RI	ENT EIMB	DEDU	ICTIBLES		WY \$ ACV AMT \$	82601 COST NEW	SPEC C OF L
ADDRES			COMM'L RETAIL SERVICE < 15 MIL	GVW / GCW	6752 CHECK COVERAGES LIAB NO- FAULT	Caspe ss 29	SIC ADD'L NO- AULT MED PAY JNINS MOTOR	X	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F		ADIUS 200 LSP COMP/ OTC	RI	ENT EIMB G	DEDU	AA	\$	WY \$ ACV AMT \$	82601 COST NEW	SPEC C OF L
ADDRES	EASURE		COMM'L RETAIL SERVICE < 15 MIL	GVW / GCW FOR HIRE ES 15 MILL	6752 CHECK COVERAGES LIAB NO- FAULT	Caspe ss 29	SIC ADD'L NO- AULT MED PAY JNINS MOTOR BODY TYPE:		UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F FT FTW		ADIUS 200 LSP COMP/ OTC	RI	ENT EIMB G	DEDU \$ TOTA	AA	\$	WY \$ ACV AMT \$ \$	82601 COST NEW COMP/ OTC	SPEC C OF L COLL
ADDRES			COMM'L COMM'L RETAIL SERVICE < 15 MIL KE: DO	GVW / GCW FOR HIRE ES 15 MILL ponan	6752 CHECK COVERAGES LIAB NO- FAULT	Caspe ss 29	SIC ADD'L NO- AULT MED PAY JNINS MOTOR BODY TYPE:		UNDRINS MOTOR TOWING &LABOR SPEC C OF L er	F FT FTW		ADIUS 200 LSP COMP/ OTC		ENT EIMB G	DEDU \$ TOTA		\$	WY \$ ACV AMT \$ \$	82601 COST NEW COMP/ OTC	SPEC C OF L COLL
ADDRES	NG 28 TE 28 TE 28 TE 28 SCHOOL 30 YEAF 2014 NG STF		COMM'L COMM'L RETAIL SERVICE < 15 MIL KE: DO DEL: equired in	GVW / GCW FOR HIRE ES 15 MILL ponan	6752 CHECK COVERAGES LIAB NO- FAULT	Caspe ss 29 A F F N L N L N	SIC ADD'L NO- AULT MED PAY JNINS MOTOR BODY TYPE: V.I.N.:		UNDRINS MOTOR TOWING &LABOR SPEC C OF L er	F FT FTW		ADIUS 200 LSP COMP/ OTC COLL		ENT EIMB G	DEDU \$ TOTA		\$	WY \$ ACV AMT \$ SYM/AGE	COMP/ OTC	SPEC C OF L COLL
ADDRES	Image: No. S 28 School Te School YEAF 2014 YEAF 2014 SCHOOL NG STF School STF		COMM'L COMM'L RETAIL SERVICE < 15 MIL KE: DO DEL: equired in	GVW / GCW FOR HIRE ES 15 MILL ponan	6752 CHECK COVERAGES LIAB NO- FAULT	Caspe S 29 A F N L N L N L N L N L N L N L N L N L L L L L L L L L L L L L	SIC ADD'L NO- AULT MED PAY JNINS MOTOR BODY TYPE: V.I.N.:		UNDRINS MOTOR TOWING &LABOR SPEC C OF L er	F FT FTW	R	ADIUS 200 LSP COMP/ OTC COLL		ENT EIMB 3 VEH	DEDU \$ TOTA	L PREM:	\$	WY \$ ACV AMT \$ SYM / AGE STATE	82601 COST NEW COMP/ OTC COMP// OTC SYM ZIP	SPEC C OF L COLL SYM
ADDRES	Image: No. S 28 School Te School YEAF 2014 YEAF 2014 SCHOOL NG STF School STF	58 S P RR X MA 4 MC REET (R 58 S P	COMM'L COMM'L RETAIL SERVICE < 15 MIL KE: DO DEL: equired in	GVW / GCW FOR HIRE ES 15 MILL bonan	CLAS	Caspe is 29 X X Citry Caspe is 29	SIC ADD'L NO- ANUT MED PAY MINS MOTOR BODY TYPE: V.I.N.: Pr		UNDRINS MOTOR TOWING & LABOR SPEC C OF L er BG4823E160	F FT FTW 09146	R	ADIUS 200 LSP COMP/ OTC COLL COLL		ENT EIMB 3 VEH	DEDU \$ TOTA IICLE TYP SPEC	L PREM:	\$	WY \$ ACV AMT \$ SYM / AGE STATE	82601 COST NEW COMP/ OTC OTC OTC ZIP 820 COST NEW	SPEC C OF L COLL SYM
ADDRES	Image: No. S 28 School Te School YEAF 2014 YEAF 2014 SCHOOL NG STF School STF	S8 S P RR MA 4 MC REET (R 58 S P RR	COMM'L COMM'L RETAIL SERVICE < 15 MIL KE: DO DEL: equired in	GVW / GCW FOR HIRE ES 15 MILL bonan	CLAS	Caspe is 29 X X CITY Caspe is 29	SIC ADD'L NO- AQUT MED PAY MED PAY MOTOR BODY TYPE: VI.N.: Dr SIC		UNDRINS MOTOR TOWING SPEC C OF L er BG4823E160 FACTOR	F FT FTW 09146	R	ADIUS 200 LSP COMP/ OTC COLL COUNTY ADIUS	PP		DEDU \$ TOTA NICLE TYF SPEC	L PREM:	\$	WY \$ ACV AMT \$ SYM / AGE STATE WY \$ 300	82601 COST NEW COMP/ OTC OTC ZIP 820 COST NEW 000	SPEC C OF L COLL SYM
ADDRES LIC STATE USE PLE FAF DRIVE TO WORK / VEH # 4 GARAGI ADDRES LIC STATE USE	Image: No. S 28 School Te School YEAF 2014 YEAF 2014 SCHOOL NG STF School STF	58 S P RR MA A MC REET (R 58 S P RR	COMM'L RETAIL SERVICE < 15 MIL KE: DO DEL: equired in 'oplar	GVW / GCW FOR HIRE ES 15 MILL conan n KY) GVW / GCW	CLAS	Caspe ss 29 X X CITY Caspe ss 29	SIC ADD'L NO- ANUT MED PAY MINS MOTOR BODY TYPE: V.I.N.: Pr	1D9I	UNDRINS MOTOR TOWING & LABOR SPEC C OF L er BG4823E160 FACTOR UNDRINS MOTOR TOWING	P9146	R	ADIUS 200 LSP COMP/ OTC COLL COLL COUNTY ADIUS 200 LSP COMP/	PP		DEDU \$ TOTA IICLE TYF SPEC	ICTIBLES AA L PREM: PE COM	\$ ML	WY \$ ACV AMT \$ \$ SYM / AGE STATE WY \$ 30 ACV	82601 COST NEW COMP/ OTC OTC OTC ZIP 820 COST NEW	SPEC C OF L COLL SYM
ADDRES LIC STATE USE PLE FAF DRIVE TO WORK / VEH # 4 GARAGI ADDRES LIC STATE USE	ASURE ASURE ASURE ASURE ASURE ASURE	58 S P RR MA A MC REET (R R S8 S P F RR	COMM'L RETAIL SERVICE < 15 MIL KE: DC DEL: equired in boplar	GVW / GCW FOR HIRE ES 15 MILL conan n KY) GVW / GCW	CLAS CHECK COVERAGES LIAB NO- FAULT ES + NET VI DR/CR	Caspe S 29 A F K CITY Caspe S 29 A CITY Caspe	SIC ADD'L NO- AULT MED PAY JNINS MOTOR BODY TYPE: VI.N.: Er SIC ADD'L NO- AULT	1D9I	UNDRINS MOTOR TOWING & LABOR SPEC C OF L BG4823E160 FACTOR UNDRINS MOTOR	P9146	R	ADIUS 200 LSP COMP/ OTC COLL COLL COUNTY ADIUS 200 LSP	PP		DEDU \$ TOTA IICLE TYF SPEC	ICTIBLES AA L PREM: PE COM RMINAL ICTIBLES	\$ ML	WY \$ ACV AMT \$ \$ SYM / AGE SYM / AGE WY \$ 30 ACV X AMT \$	82601 COST NEW OTC OTC SIP 820 COMP/ COST NEW 000 COMP/ OTC	SPEC COFL COLL SYM

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE
ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER
KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

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A	CORI))		ADDITION	AL INTI	ER		IEDU	LE				(MM/DD/YYYY) 3/29/2024			
AG	ENCY						CARRIER					Ū				
	avitt Group Ins	uran	ce Agency of \	/ernal. Inc.			MARKETING AP	PS					B0569			
			g,		EFFECTIVE DA	TE	NAMED INSURED(S)									
24/	25				05/09/2024	1	Ridgeway Truckir	ng, LLC								
		ITER	EST (Not all	fields apply to all scenarios -	orovide only	the		-								
	EREST			NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY		SEND BILL	INTERES	T IN ITEM I	NUMBER			
	ADDITIONAL INSURED	X	LOSS PAYEE		_ L		1 1	1.01.01			LOCATION:	BUI	LDING:			
	BREACH OF WARRANTY		MORTGAGEE	Hilltop National Bank							VEHICLE: 4	BOA				
	CO-OWNER		OWNER	300 Country Club Road							AIRPORT:	AIRO	CRAFT:			
	EMPLOYEE AS LESSOR		REGISTRANT	PO Box 2680							SCHED #:	ITEN	Λ:			
	LEASEBACK OWNER		TRUSTEE	Casper			WY 82502				ITEM CLASS:					
	LENDER'S LOS	S PA	ABLE								ITEM DESCRIPTION					
	LIENHOLDER			REFERENCE / LOAN #:		INT	EREST END DATE:				2014 Doonan					
				LIEN AMOUNT:		PH	ONE (A/C, No, Ext):									
RE/	SON FOR INTER	EST:		1		E-N	AIL ADDRESS:	_								
INT	EREST ADDITIONAL		1	NAME AND ADDRESS RANK:	EVIDENCE:		CERTIFICATE	POLICY		SEND BILL		T IN ITEM I				
	INSURED BREACH OF	\times	LOSS PAYEE								LOCATION:		LDING:			
	WARRANTY		MORTGAGEE	Hilltop National Bank							VEHICLE: 5	BOA				
	CO-OWNER EMPLOYEE		OWNER	300 Country Club Road							AIRPORT:		CRAFT:			
	AS LESSOR LEASEBACK		REGISTRANT	PO Box 2680			WY 82502				SCHED #:	ITEN	A:			
<u> </u>	OWNER			Casper			WY 82502				ITEM CLASS:	1				
	LENDER'S LOS	S PAI	ABLE	REFERENCE / LOAN #:		INIT	EREST END DATE:				2010 Peterbilt 38					
\vdash	LIENHOLDER			LIEN AMOUNT:			ONE (A/C, No, Ext):				20101 eterbilt 30	55				
REA	SON FOR INTER	EST				-	IAIL ADDRESS:									
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	ADDITIONAL	\times	LOSS PAYEE				CERTIFICATE	POLICY		SEND BILL	LOCATION:		LDING:			
	INSURED BREACH OF		MORTGAGEE	Casper Mack Leasing							VEHICLE: 14	BOA				
	WARRANTY CO-OWNER		OWNER	1750 S Loop Ave							AIRPORT:	AIR	CRAFT:			
	EMPLOYEE AS LESSOR		REGISTRANT								SCHED #:	ITEN	Λ:			
	LEASEBACK		TRUSTEE	Casper			WY 82601-	9229			ITEM CLASS:	I				
	LENDER'S LOS	S PA	ABLE								ITEM DESCRIPTION	ΓΙΟΝ				
	LIENHOLDER			REFERENCE / LOAN #:		INT	EREST END DATE:				2023 Anthem					
				LIEN AMOUNT:		PH	ONE (A/C, No, Ext):									
RE/	SON FOR INTER	EST:				E-N	AIL ADDRESS:									
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			LOSS PAYEE								LOCATION:	BUIL	LDING:			
	BREACH OF WARRANTY		MORTGAGEE								VEHICLE:	BOA				
	CO-OWNER EMPLOYEE		OWNER								AIRPORT:		CRAFT:			
	AS LESSOR LEASEBACK		REGISTRANT								SCHED #:	ITEN	A:			
	OWNER										ITEM CLASS:					
	LENDER'S LOS	S PA	ABLE								ITEM DESCRIPTION					
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ĄCO	VEHICLE SCHEDULE														DATE (MM/DD/YYYY) 03/29/2024		-										
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Leavitt G	roup Ir	nsura	ance A	geno	cy of Verna	, Inc.							ETING	AF	PPS											B056	9
POLICY NU	MBER			-	-				EF	FECTIV		NAMED	INSURE	D(S	5)												
24/25										05/09/	2024 I	Ridge	way Tru	ucki	ing, LLC	2											
VEHICLI	E DES	CRI	ΙΡΤΙΟ	N					I																		
VEH #	YEAR		IAKE:		erbilt				BODY TYPE:	Truc	k-Tractor						١	/EHI	CLE T	YPE			s	YM/A	AGE	COMP / DTC SYM	COLL SYM
5	2010	N	ODEL:	389)				V.I.N.:	1XP)	XD49X2AD	D1063	69			F	PP	:	SPEC] c	OML					
GARAGING	STR	EET	(Requir	red in	KY)			СІТҮ	•						COUNTY	(ST	ATE	ZIP	
ADDRESS	285	58 S	Popla	r				Cas	per															W	Y	82601	
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USE		\times	СОМ	ł	FOR H				ADD'L NO- FAULT	$ \times $	UNDRINS MOTOR		F		LSP		RENT REIME	3	DEI	DUCTI	BLE	s		ACV		OMP/ OTC	SPEC C OF L
PLEAS			RETA	L				X	MED PAY		TOWING & LABOR		FT	X	COMP/ OTC		FG			AA	L		ST AM	ит	Ŷ	000	
FARM DRIVE TO		-	SERV				FAULT		UNINS MOTOR		SPEC C OF L		FTW	X	COLL				\$						_{\$} З,	000	COLL
WORK / SC VEH #	HOOL	4		MILE		MILES	+ DR/CF	:	BODY	Traile	~r							/=			REM	: \$		YM/A	0.5	COMP /	COLL
6 VEH#	2019		AKE:		nghorn ilor				TYPE:		er GS4025KE	0208/	5				P [_	CLE T SPEC		٦٢	OML		_iab	AGE (COMP / DTC SYM	SYM
	070	_	(Requir					СІТҮ	V.I.N.:	5520	554025RL	02004	IJ		COUNTY		F		SPEC			OIVIL			ATE	ZIP	
GARAGING ADDRESS	·		Popla		,			Cas	oer						000111	ſ								w		82601	
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DRIVE TO WORK / SC	HOOL		< 15	MILE	S 15	MILES	NET V	EH :											тот	TAL PI	REM	: \$					
VEH #	YEAR		IAKE:		onan				BODY TYPE:	Traile	er						_	/EHI0	CLE T	YPE	_		S	YM/A	AGE	COMP / DTC SYM	COLL SYM
7	2020	N	IODEL:	Tra	iler				V.I.N.:	3G4823L1	60958	81			F	P	:	SPEC		С	OML	L	iab				
GARAGING	·		(Requir		KY)			СІТҮ				COUNT				r									ATE	ZIP	
ADDRESS LIC			Popla	r			1	Cas			1					1								W		82601	
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USE PLEAS		<u>×</u>	COM RETA	ł	FOR H				FAULT	P	UNDRINS MOTOR TOWING		FT -		LSP COMP/	REIMB				1		_		ACV		OTC	SPEC C OF L
FARM			SERV	L		-		$ \odot $	MED PAY UNINS MOTOR		TOWING & LABOR SPEC C OF L		FTW		COMP/ OTC COLL		FG			AA	L		ST AM	ит	\$		
DRIVE TO			I	MILE	S 15	MILES	FAULT		MOTOR		C OF L								\$						\$		COLL
WORK / SC VEH #	YEAR		AKE:				DR/CF		BODY	Traile	er						,	/EHI	CLET	TAL PI	KEIVI	: \$	s	YM/A		COMP /	COLL
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ADDRESS		58 S	Popla	ır				Cas	per															W	Y	82601	
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ACORD®
AGENCY
Leavitt Group Insurance Agency of Vernal, Inc.
POLICY NUMBER

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DATE (MM/DD/YYYY) 03/29/2024

		ANT - If CLAIM provisions of t				the POLICY	INFORMATION	section b	pelow	, this is an applic	ation for a claims-m	nade policy.	
AGEN	СҮ							CARRIER					NAIC CODE
Leav	itt Group I	nsurance Agency	of Ve	ernal, Inc.				MARKET	ING A	APPS			B0569
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24/25	5						05/09/2024	Ridgewa	y Truc	king, LLC			
POL	CY INFO	RMATION											
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LIST ALL LIABILITY / COMPENSATION POLICIES IN FORCE TO APPLY AS UNDERLYING INSURANCE													
TYPE	CARRIER / POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS	ANNUAL RENEWAL PREMIUM	MOD							
AUTOMOBILE LIABILITY	MARKETING APPS 24/25	05/09/2024	05/09/2025	CSL EAACC \$ 1,000,000 BI EAACC \$ BI EA PER \$ PD EAACC \$	\$ 	-							
GENERAL LIABILITY POLICY TYPE OCCUR CLAIMS MADE	MARKETING APPS 24/25	05/09/2024	05/09/2025	EACH OCCURRENCE \$ 1,000,000 GENERAL AGGR \$ 2,000,000 PROD & COMP OPS \$ 2,000,000 AGGREGATE \$ 1,000,000 PERSONAL & ADV \$ 1,000,000 DAMAGE TO RENTED \$ 300,000 PRESS \$ 5,000	PREM / OPS PRODUCTS OTHER \$	-							
EMPLOYERS LIABILITY	MARKETING APPS	05/00/0001	05/00/2005	EACH ACCIDENT \$ DISEASE EACH EMPLOYEE \$ DISEASE POLICY LIMIT \$	\$								
OT	24/25	05/09/2024	05/09/2025		\$								
40000 404			Dama 4 of C										

Page 1 of 6 Attach to ACORD 125 $\textcircled{\sc c}$ 1991-2017 ACORD CORPORATION. All rights reserved.

UNDERLYING INSURANCE (continued)

UND	ERLYING	GENERAL LIABIL	ITY INFORMA	TION (Explain a	ll "YES" r	esponses)											
1.	UNDERLYING GENERAL LIABILITY INFORMATION (Explain all "YES" responses) 1. ARE DEFENSE COSTS: WITHIN AGGREGATE LIMITS? A SEPARATE LIMIT? UNLIMITED? (In Arkansas, the underlying General Liability coverage cannot contain defense costs within aggregate limits, but must have a separate, equal limit or must be unlimited.) (In Oklahoma, the underlying General Liability coverage cannot contain defense costs within the limits; subject to Commissioner's Orders.)																
														imit or must l	be unlin	nited.)	
2.						IMILAR FILING FOR	тыст										
3.										R SELF-INSURED FROM A					/V / NI)		
3.	TAS A	INT PRODUCT, V	NORR, ACC		CATION	BEEN EXCLUDED, C	INING		00	R SELF-INSURED FROM A		REV	1003 00	JVERAGE	(1/1)		
	4. FOR CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY:																
4.																	
5.	5. FOR CLAIMS MADE, INDICATE ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:																
6.																	
	CHECK ALL COVERAGES IN UNDERLYING POLICIES. ALSO CHECK IF ANY EXPOSURES ARE PRESENT FOR EACH COVERAGE. PROVIDE AN EXPLANATION. EXPLAIN IF DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. EXPLAIN ALL EXPOSURES.																
	DIFFERENT LIMITS, EXTENSIONS, OR EXCLUSIONS. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS. EXPLAIN ALL EXPOSURES.																
	CHECK IF APPROPRIATE COVERAGE EXPOSURE COVERAGE EXPOSUR															EXPOSURE	
\mathbf{X}	ANY AUTO (SYMBOL 1) CARE, CUSTODY, CONTROL PROFESSIONAL LIABILITY (E&O)																
	ANY AUTO (SYMBOL 1) CARE, COSTODY, CONTROL PROFESSIONAL LIABILITY (E&O) CGL - CLAIMS MADE EMPLOYEE BENEFIT LIABILITY VENDORS LIABILITY																
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	AIRCRA	FT PASSENGER LI	ABILITY			LIQUOR LIABILITY											
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COVE	ERAGE)	ACORD 101, Addition	onal Remarks	Schedule, may b	e attached	if more space is required											
							COUR		- E 0 T	THAT MAY GIVE RISE TO CLAIM					ADC		
										DING) ACORD 101, Additional F						space is	
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		STODY, CONT															
		OPERTY TYPE		,	/AL 11E			D*	C *		D#					Q FT OF BLD	6.000
				\\	/ALUE		A*	B*	C*		D*				3		
1	\vdash	REAL															
		PERSONAL															
occi	UPANCY	/ DESCRIPTION O	F PERSONAL	PROPERTY													
	*A	PPLICANT: [A] IS	S HELD HAR	RMLESS IN TH	IE LEAS	E, [B] HAS A WAIVER	OF S	SUBF	ROGA	ATION, [C] IS A NAMED INS	URE	D IN	THE FIF	RE POLICY, [HER (specify	r)
	ICLES					· • •											,
	IICLLO	,															
	т	YPE	# OWNED	# NON- OWNED	# LEASED					PROPERTY HAULED						RADIUS (MILE	LONG
<u> </u>		DAGGENIOED		OWNED											JUAL	MEDIATE	DISTANCE
	KIVAIE	PASSENGER				-											
1		LIGHT															
-		MEDIUM	4													x	
	UCKS	HEAVY															
		EX. HEAVY															
трі	JCKS /	HEAVY															
	CTORS	EX. HEAVY	4													x	
	В	USES				1										1	

ADDITIONAL EXPOSURES

EXPLAIN ALL "YES" RESPONSES, PROVIDE OTHER INFORMATION REQUIRED	Y/N
ADVERTISERS LIABILITY	
1. MEDIA USED:	
ANNUAL COST: \$	
2. ARE SERVICES OF AN ADVERTISING AGENCY USED?	N
3. ANY COVERAGE PROVIDED UNDER AGENCY'S POLICY?	N
AIRCRAFT LIABILITY	-
4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?	N
AUTO LIABILITY	
5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?	N
6. ARE PASSENGERS CARRIED FOR A FEE?	N
7. ANY UNITS NOT INSURED BY UNDERLYING POLICIES?	
	N
8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?	<u> </u>
	N
9. ARE HIRED AND NON-OWNED COVERAGES PROVIDED?	
	Y
CONTRACTORS LIABILITY	
10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?	Т
	N
11. DESCRIBE TYPICAL JOBS PERFORMED (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	1
12. DESCRIBE AGREEMENT (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	
13. DOES APPLICANT OWN, RENT, OR OTHERWISE USE CRANES?	N
14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?	N
EMPLOYERS LIABILITY	1
15. IS APPLICANT SELF-INSURED IN ANY STATE?	Y
16. SUBJECT TO: JONES ACT FELA 🗙 STOP GAP OTHER:	
INCIDENTAL MALPRACTICE LIABILITY	
17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?	N
18. ARE COVERAGES PROVIDED FOR DOCTORS / NURSES?	NI
	N
19. INDICATE # OF DOCTORS: NURSES: BEDS:	

ADDITIONAL EXPOSURES (continued)

EXP	LAIN ALL "Y	ES" RESPONSES	, PROVIDE OTH	IER INFORMATION	REQUIRED								Y/N
EPA	EPA #: POLLUTION LIABILITY 20. DO CURRENT OR PAST PRODUCTS, OR THEIR COMPONENTS, CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL												
20.		RENT OR PAST	PRODUCTS,	OR THEIR COMP	ONENTS, COM	NTAIN HAZAR	DOUS MAT	ERIALS THAT M	AY REQUIRE	SPECIAL			Y
21.	21. INDICATE THE COVERAGES CARRIED:												
	GL	WITH STANDAR	D ISO POLLI	JTION EXCLUSIO	N		OLLUTION	COVERAGE EN	IDORSEMEN	т			
	K GL	WITH STANDAR	D SUDDEN 8	ACCIDENTAL ON		SEPARATE		N COVERAGE					
	11					PRODU		Y					
22.	ARE MISS	SILES, ENGINES	8, GUIDANCE	SYSTEMS, FRAM	MES OR ANY (OTHER PROD	UCT USED	/ INSTALLED IN	AIRCRAFT?				N
23.		EIGN OPERATI		IN PRODUCTS D	ISTRIBUTED II	N THE USA O	R US PROD	DUCTS SOLD / D	ISTRIBUTED	IN FOREIGN C	OUNTF	RIES?	N
24.	PRODUC	T LIABILITY LOS	S IN PAST TH	HREE (3) YEARS?	? (SPECIFY)								N
25.	GROSS S	ALES FROM EA	CH OF LAST	THREE (3) YEAR	S: \$			\$		\$			
						PROTEC	TIVE LIABILI	тү					I
26.	DESCRIB	E INDEPENDEN	T CONTRAC	TORS (ACORD 1)	01, Additional F	Remarks Sche	dule, may b	e attached if mor	e space is rec	quired)			
						WATERC	RAFT LIABIL	ΙΤΥ					
27.	DOES API	PLICANT OWN	OR LEASE W	ATERCRAFT?									
	LOC #	# OWNED		LENGTH	HORSEPO	OWER	LOC #	# OWNED		LENGTH		HORSEPOWER	N
	I		I		APARTI	MENTS / CONDO	MINIUMS / H	OTELS / MOTELS	I		1		I
28.	LOC #	# STORIES	# UNITS	# SWIMMING PO		3 BOARDS	LOC #	# STORIES	# UNITS	# SWIMMING I	POOLS	# DIVING BOARDS	
		ACORD 101	Additional F	Remarks Sched	lule may be	attached if	more spa	ce is required)				[
					ale, may be	attached II	nore spa	oc is required	/				

FRAUD STATEMENTS

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto act.

Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURE			
IF THE COMPANY TO WHICH I AM APPLYING OFF (UIM) AND/OR MEDICAL PAYMENTS COVERAGE I		MOTORISTS (UM), I	UNDERINSURED MOTORISTS
UNINSURED MOTORISTS (UM) COVERAGE: \$	*		
UNDERINSURED MOTORISTS (UIM) COVERAGE:	\$	*	
MEDICAL PAYMENTS COVERAGE: \$	*	* IF APPLICABLE IN YOU	JR STATE
APPLICABLE ONLY IN LOUIS	IANA, MONTANA, I	NEW HAMPSHIRE A	AND VERMONT
APPLICABLE ONLY IN LOUISIANA:			
I ACKNOWLEDGE THAT UM COVERAGE HAS BEE OF SELECTING UM LIMITS EQUAL TO MY LIABILI REJECT UM COVERAGE ENTIRELY.			
1. I SELECT UM LIMITS INDICATED IN THIS APPL	ICATION.		
2. I REJECT UM COVERAGE IN ITS ENTIRETY.		3)	
APPLICABLE ONLY IN MONTANA:			
I ACKNOWLEDGE I HAVE BEEN OFFERED UNINS UNDERINSURED MOTORISTS (UIM) COVERAGE. THIS APPLICATION. IF NO LIMITS ARE SHOWN, I	I HAVE SELECTED	THÉ LIMITS INDIC	ATED IN (INITIALS)
APPLICABLE ONLY IN NEW HAMPSHIRE:			
I ACKNOWLEDGE THAT UM COVERAGE HAS BEE OF SELECTING UM LIMITS EQUAL TO MY LIABILI			
1. I SELECT UM LIMITS INDICATED IN THIS APPL	ICATION.		
2. I REJECT UM COVERAGE IN ITS ENTIRETY.			
APPLICABLE ONLY IN VERMONT:	- /		
I ACKNOWLEDGE THAT I HAVE BEEN OFFERED U SELECTED THE LIMITS INDICATED IN THIS APPLI		UAL TO MY LIABILI	TY LIMITS. I HAVE
IMPORTANT - THE STATEMENTS (ANSWERS) GIV WILLFULLY CONCEALED OR MISREPRESENTED APPLICATION. THIS APPLICATION DOES NOT CO	ANY MATERIAL FA	CT OR CIRCUMSTA	
PRODUCER'S SIGNATURE	PRODUCER'S NA		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER



DATE (MM/DD/YYYY)

3/29/2024

TRANSPORTATION SECTION

AGI	NCY Leavitt Group Insurance Agency	of Vernal	, Inc.	CA	RRIER			NAIC CODE
				MA	RKETING APPS			B0569
POL	ICY NUMBER		EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED				
24	/25		5/9/2024	Ridgeway Trucking, LLC				
IN	TEREST	TYPE						
APF	LICANT IS:					OTHER		
	COMMON CARRIER OTHER	TRANSPOR	TATION		OPEN			
х	CONTRACT CARRIER	X MOTOR TRI	JCK CARGO IILITY		ANNUAL			
	SHIPPER OF OWNED PROPERTY							

OPERATIONS (Motor truck cargo legal liability on page 2)

TRANSPORTATION

PR	OPERTY S	SHIPPED								POINT	S OF	ORIGIN	1		Р	OINTS	OF DE	STINATION		
TEF	RITORY															ANNUA	L GRO	SS SALES		
														\$						
	CONVE	YANCE	ANNUAL VA	LUES SHIPPED AT APPLI	CANT'S RISK				AVERAG	F VAI UF			LIMIT OF			BIL	L OF L	ADING		
	US		INCOMING	OUTGOING	INTER	PLAN	AVERAGE VALUE PER SHIPMENT					IABILITY		FULL	VALUE		RELEASE	D VAL	UE	
со	NTRACT	CARRIER	\$	\$	\$			\$	\$			\$			YES		NO	\$		
со	COMMON CARRIER \$ \$							\$	\$			\$			YES		NO	\$		
RA	L		\$	\$	\$			\$	\$			\$			YES		NO	\$		
AIR	CARRIER	र	\$	\$	\$			\$	\$			\$			YES		NO	\$		
			\$	\$	\$			\$	\$			\$			YES		NO	\$		
ow	NED VEHI	ICLES	\$	\$	\$			\$	\$			\$								
то	TAL		\$	\$	\$			\$	\$			\$								
	SPECIA			DEDUCTIBLE				#	# TRUCKS	# TRACTOR	U	# TRAILE OPERAT		UN	EFRIG. SPECIAL UNITS NITS OWNED / OPERATED RATED					
			NG THEFT																	
VE	HICLE	SCHEDU	LE (Attach ACOR	D 129 if necessar	y. Attach	AC	ORD	16	3, Drive	r Inforn	nat	ion S	chedule.)							
Veh #	YEAR	MAKE:			BODY TYPE:			DATE						NEW	EW RADIUS OF OPERATIO			IONS		
		MODEL:			V.I.N.:									USED	SED					
Veh #	YEAR	MAKE:			BODY TYPE:								DATE PURCHASED		NEW	R	ADIUS	OF OPERAT	IONS	
		MODEL:			V.I.N.:										USED					
Veh #	YEAR	MAKE:			BODY TYPE:								DATE PURCHASED		NEW	R	ADIUS	OF OPERAT	IONS	
		MODEL:			V.I.N.:										USED					
F.C).В.																			
IS C	ONTINGE	ENT COVERAG	E DESIRED ON F.O.B. SHIF	MENTS MADE BY THE A	PPLICANT?					YI	S		NO							
IF "	YES", ENT	TER PERCENT	AGE OF ANNUAL GROSS	SALES REPRESENTED B	Y F.O.B. SHIPM	ENTS												%		
GE	NERA	L INFORM	ATION																	
#	EXPLAI	N ALL "YES" F	RESPONSES.			YES	NO	IO # EXPLAIN ALL "YES" RESPONSES.					YES	NO						
1.	IS THE		LE MAINTENANCE PR	ROGRAM IN OPERAT	ION?			6. ARE VEHICLES EQUIPPED WITH THEFT ALARMS?												
2.	DOES	DOES APPLICANT OBTAIN MVR VERIFICATION FOR DRIVERS?						7. ARE VEHICLES LEFT UNLOCKED WHEN UNATTENDED?												
3.	DOES	DOES APPLICANT HAVE A DRIVER RECRUITING METHOD?						8.	ARE VEHICLES LEFT LOADED OVERNIGHT?											

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

9.

4.

DO DRIVERS RECEIVE REGULAR PHYSICALS?

5. ANY WATERBORNE SHIPMENTS TO BE COVERED?

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DOES APPLICANT BACK HAUL PROPERTY OF OTHERS?

MOTOR TRUCK CARGO LEGAL LIABILITY

PRC	PERTY HAULED					GROS	S RECEIPTS	LAST 12 MON	ITHS		GROSS	RECEIPTS N	EXT 12 MONTHS
oi	lfield tools					\$	75	50,000		\$		75	0,000
						Ψ	/ 5	,000		Ÿ		/ 5	0,000
TER	RITORY						AVERAGE	DISTANCE				MAXIMUM D	STANCE
WY	, Regional												
							20	00				20	D
	LIST TARGET COMMODITIES		% OF		MAXIMUM VALUE	LIST STA	TES WHERE	FILINGS REQ	UIRED		роск	ET NO.	
	CARRIED	GROS	S REVENUES		PER VEHICLE						I.C.C.	FILING REQU	RED
			%	5	3						DOC	KET NO	
			%	5	5								
			%	5	6				LIMIT OF L	ABIL	ITY		
			%	5	5	SINGLE CO	NVEYANCE	PER DIS	ASTER	х	LOAD	ING / UNLOAD	ING
			%	5	6						LI	літ	DEDUCTIBLE
			%	5	6	\$	250,000	\$	250,000				¢ 0.500
			%	5	6					\$		250,000	\$ 2,500
	SPECIAL FORM		DEDUCTIBLE			# TRUCKS	# TRACTORS	# TRAILERS	# TANK- TRAILERS	# R	EFRIG. NITS	SPECIAL UN OWNED / OI	
	NAMED PERILS					OPERATED	OPERATED		OPERATED				
	INCLUDING THEFT												
	LOADING / UNLOADING	3				6	5	13					
TE	TERMINALS								·		_		
LOC. #						AVERAGE VALUE AT TERMINAL		MAXIMUM VAL				LIMIT OF LIABILITY	

		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
V	EHICLE SCHEDULE (Attach ACORD 129 if necessary Attach ACORD 1	63 Driver Informa	tion Schedule)	

VE	VEHICLE SCHEDULE (Attach ACORD 129 if necessary. Attach ACORD 163, Driver Information Schedule.)								
Veh #	YEAR	MAKE:	BODY TYPE:	DATE PURCHASED		NEW	RADIUS OF OPERATIONS		
		MODEL:	V.I.N.:			USED			
Veh #	YEAR	MAKE:	BODY TYPE:	DATE PURCHASED		NEW	RADIUS OF OPERATIONS		
		MODEL:	V.I.N.:			USED			
Veh #	YEAR	MAKE:	BODY TYPE:	DATE PURCHASED		NEW	RADIUS OF OPERATIONS		
		MODEL:	V.I.N.:			USED			

GENERAL INFORMATION

OPERATIONS

#	EXPLAIN ALL "YES" RESPONSES.	YES	NO	#	EXPLAIN ALL "YES" RESPONSES.	YES	NO					
1.	IS THERE A VEHICLE MAINTENANCE PROGRAM IN OPERATION?	х		9.	DO TERMINALS HAVE FIRE PROTECTION (Sprinklers, hoses, etc.)?		х					
2.	DOES APPLICANT OBTAIN MVR VERIFICATION FOR DRIVERS?	х		10.	DO TERMINALS HAVE SECURITY SYSTEMS (Guards, alarms,							
3.	DOES APPLICANT HAVE A DRIVER RECRUITING METHOD?	х			fences, lights, dogs, etc.)?		х					
4.	DO DRIVERS RECEIVE REGULAR PHYSICALS?	х		11.	ARE VEHICLES LEFT LOADED OVERNIGHT?		х					
5.	ARE VEHICLES EQUIPPED WITH THEFT ALARMS?		х	12.	IS THE APPLICANT AN OWNER OPERATOR?		х					
6.	ARE VEHICLES LEFT UNLOCKED WHEN UNATTENDED?		х	13.	DOES THE APPLICANT HIRE OWNER OPERATORS?		х					
7.	ARE OVERAGES, SHORTAGES, & DAMAGE CLAIMS PENDING?		х	14.	DOES THE APPLICANT TRIPLEASE TO OTHERS?		х					
8.	ARE ANY VEHICLES OPERATED FOR THE APPLICANT BY OTHERS?		х	15.	DOES THE APPLICANT BACK HAUL PROPERTY OF OTHERS?		х					
RE	REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											

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Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

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THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

			ADDITION	IAL COV	ERAGES AND E	NDORSEN	IENTS		
Loc # ST	Cov Code BRD	Description Broad Form		Type of Co	verage k Cargo Coverage	Form No.	Edition Date	Rate	Option Codes
Limit 1 250,000	Limi		Limit 3	Ded 1 2,500	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
Loc # ST	Cov Code	Description		Type of Co	verage	Form No.	Edition Date	Rate	Option Codes
Limit 1	Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
Loc # ST	Cov Code	Description		Type of Co	verage	Form No.	Edition Date	Rate	Option Codes
Limit 1	Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
Loc # ST	Cov Code	Description		Type of Co	verage	Form No.	Edition Date	Rate	Option Codes
Limit 1	Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
Loc # ST	Cov Code	Description		Type of Co	verage	Form No.	Edition Date	Rate	Option Codes
Limit 1	Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
Loc # ST	Cov Code	Description		Type of Co	verage	Form No.	Edition Date	Rate	Option Codes
Limit 1	Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
Loc # ST	Cov Code	Description		Type of Co	verage	Form No.	Edition Date	Rate	Option Codes
Limit 1	Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
Loc # ST	Cov Code	Description		Type of Co	verage	Form No.	Edition Date	Rate	Option Codes
Limit 1	Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
Loc # ST	Cov Code	Description		Type of Co	verage	Form No.	Edition Date	Rate	Option Codes
Limit 1	Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
Loc # ST	Cov Code	Description		Type of Co	verage	Form No.	Edition Date	Rate	Option Codes
Limit 1	Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
Loc # ST	Cov Code	Description		Type of Co	verage	Form No.	Edition Date	Rate	Option Codes
Limit 1	Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
Loc # ST	Cov Code	Description	1	Type of Co	verage	Form No.	Edition Date	Rate	Option Codes
Limit 1	Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
Loc # ST	Cov Code	Description		Type of Co	verage	Form No.	Edition Date	Rate	Option Codes
Limit 1	Lim	it 2	Limit 3	Ded 1	Deductible Type 1	Ded 2	Deductib	le Type 2	Premium
OFBAADC	:V							Copyright	2000, AMS Services, Inc